



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: CHRIS KOTTSICK	
		PHONE (A/C, No, Ext): (701)390-1994	FAX (A/C, No): (701)390-1196
		E-MAIL ADDRESS: CHRIS@SUMMITINSURANCE.NET	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Ohio Security Insurance Company	NAIC # 24082
INSURED		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

Summit Insurance Agency
5302 51ST AVE S SUITE C
Fargo, ND 58104

THE RUINS LLC, GENERATIONS ON 1ST LLC, PARKSIDE LLC
PO Box 426
Fargo, ND 58107-0426

COVERAGES		CERTIFICATE NUMBER: 00000330-240930153626		REVISION NUMBER: 2			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BKS65299485	9/28/2024 9/28/2025	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)					\$ 300,000	
	MED EXP (Any one person)					\$ 15,000	
	PERSONAL & ADV INJURY					\$ 1,000,000	
	GENERAL AGGREGATE					\$ 2,000,000	
	PRODUCTS - COMP/OP AGG					\$ 2,000,000	
						\$	
						COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						\$	
						EACH OCCURRENCE	\$
						AGGREGATE	\$
						\$	
						PER STATUTE	OTHE-
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	BUILDING			BKS65299485	9/28/2024 9/28/2025	BLANKET	34,897,140

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Parkside @ 8 2nd St NE, Watertown, SD \$7,402,550
 Generations @ 26 1st Ave SW, Watertown, SD \$14,126,590
 Ruins @ 315 Temp Ave, Watertown, SD \$13,368,000

CERTIFICATE HOLDER

CANCELLATION

Red River State Bank
300 2nd Ave W
Halstad, MN 56548

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

chris kottscick

(CJK)